MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025218

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6494 STATE FILE NUMBER

FILED JUL 6 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1	
2	21 09
3	
4	0
5	
6	
7	0
8	2
9	
10	
11	
12	75-0
13	

75

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY —
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO. — Length of stay in 1b: LIFE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSP. #. I — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY —
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 4318-OBEAR-AV. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First JOHN — Middle LEO — Last SPECKER

4. DATE OF DEATH (Month Day Year): 6-30-62

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-19-1890

9. AGE (last birthday): 71 YRS. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GENERAL-MAINTAINANCE

10b. KIND OF BUSINESS OR INDUSTRY: HOTFELDER REAL-ESTATE-CO.

11. BIRTHPLACE (City and state or country): ST. LOUIS - MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: EDWARD-G.-SPECKER

13b. MOTHER'S MAIDEN NAME: EMMA - KRUE

14. NAME OF HUSBAND OR WIFE: THERESA - SPECKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of servi[ce]): WORLD-WAR # I

16. SOCIAL SECURITY NO. [redacted]5

17. INFORMANT — Address: THERESA-SPECKER - 4318-OBEAR-AV.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): thrombophlebitis
DUE TO (c): 464X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY — Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

MEDICAL CERTIFICATION

21. I attended the deceased from 6-21-62, to 6-30-62 and last saw her/him alive on 6-30-62
Death occurred at 12-50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.D. — J. McConnell [illegible] M.D.

22b. ADDRESS: 1515 LAFAYETTE AVE

22c. DATE SIGNED: 6-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JULY-3-1962

23c. NAME OF CEMETERY OR CREMATORY: CALVARY-CEMETERY

23d. LOCATION (City, town, or county): ST. LOUIS — (State): MO.

24. FUNERAL DIRECTOR — ADDRESS: Brockland Und. Co. 1827-HOGAN-ST.

25. DATE RECD. BY LOCAL REG.: JUL 2 1962

26. REGISTRAR'S SIGNATURE: Noel Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No. 4108

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.